

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PS</i>	<i>21</i>	<i>10/10/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>RT</i>	<i>515</i>	<i>10-30-00</i>
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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